

## Connecticut Medicare Advantage and Cost Prescription Drug Plans

\*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

| Organization Name                   | Plan Name                                  | Percent Beneficiaries with Access to Plan in State | Beneficiary Drug Premium * | Type of Medicare Advantage Plan |           |              |                         | Cost Plans | Drug Deductible |         |                  | Includes Tiered Copayments for Drugs | Type of Additional Coverage Offered in Coverage Gap |                     | Mail Order Offered | Number of Top 100 Drugs on Formulary |
|-------------------------------------|--|--|----------------------------|---------------------------------|-----------|--------------|-------------------------|------------|-----------------|---------|------------------|--------------------------------------|---|---------------------|--------------------|--------------------------------------|
|                                     |  |  |                            | HMO                             | Local PPO | Regional PPO | Private Fee-for-Service |            | Zero            | Reduced | Standard (\$250) |                                      | Generics Only                                       | Generics and Brands |                    |                                      |
| Health Net of Connecticut           | Health Net SmartChoice for Connecticut     | 100%   | \$17.12                    | •                               |           |              |                         |            |                 |         | •                |                                      |   |                     | •                  | 96                                   |
|                                     | Health Net SmartChoice for Connecticut     | 100%   | \$17.69                    | •                               |           |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 96                                   |
|                                     | Health Net SmartChoice for Connecticut     | 100%   | \$17.69                    | •                               |           |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 96                                   |
|                                     | Health Net SmartChoice POS for Connecticut | 100%   | \$17.69                    | •                               |           |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 96                                   |
| Oxford Health Plans (CT), Inc.      | Oxford Medicare Advantage                  | 25%  | \$0.00                     | •                               |           |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 96                                   |
| United HealthCare Insurance Company | Evercare Plan P                            | 75%  | \$20.39                    |                                 | •         |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 96                                   |
|                                     | Evercare Plan DP                           | 27%  | \$30.27                    |                                 | •         |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 96                                   |
| WellCare                            | WellCare Choice                            | 27%  | \$0.00                     | •                               |           |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 84                                   |
|                                     | WellCare Choice                            | 24%  | \$0.00                     | •                               |           |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 84                                   |
|                                     | WellCare Choice                            | 25%  | \$0.00                     | •                               |           |              |                         |            | •               |         |                  | •                                    |   |                     | •                  | 84                                   |
|                                     | WellCare Select                            | 25%  | \$7.57                     | •                               |           |              |                         |            |                 |         | •                | •                                    |   |                     | •                  | 84                                   |
|                                     | WellCare Select                            | 24%  | \$7.57                     | •                               |           |              |                         |            |                 |         | •                | •                                    |   |                     | •                  | 84                                   |
|                                     | WellCare Select                            | 27%  | \$7.57                     | •                               |           |              |                         |            |                 |         | •                | •                                    |   |                     | •                  | 84                                   |
|                                     | WellCare Access                            | 27%  | \$25.61                    | •                               |           |              |                         |            |                 |         | •                |                                      |   |                     | •                  | 84                                   |
|                                     | WellCare Access                            | 24%  | \$25.64                    | •                               |           |              |                         |            |                 |         | •                |                                      |   |                     | •                  | 84                                   |
|                                     | WellCare Access                            | 25%  | \$25.64                    | •                               |           |              |                         |            |                 |         | •                |                                      |   |                     | •                  | 84                                   |